

AMENDMENT TRANSMITTAL LETTER				Docket No. 2585-0126PUS1	
Application No. 10/538,277-Conf. #9420	Filing Date June 10, 2005	Examiner Z. Vakili	Art Unit 1614		
Applicant(s): Claudia Angelica SOTO PEREDO					
Invention: PHARMACEUTICAL COMPOUND CONTAINING SILYMARIN AND CARBOPOL, ITS MANUFACTURING PROCESS AND ITS USE AS A REGENERATOR OF THE PANCREATIC TISSUE AND CELLS OF ENDOGENOUS SECRETION DAMAGED BY DIABETES MELLITUS					
MS Amendment Commissioner for Patents P.O. Box 1460 Alexandria, VA 22313-1460					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	27	- 29 =	0	x 50.00	0.00
Independent Claims	2	- 3 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					370.00
Other fee (please specify): Extension for response within third month					1,050.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					1,420.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>1,420.00</u> . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 MaryAnne Armstrong, Ph.D. Attorney Reg. No.: 40,069					
Dated: <u>December 18, 2007</u>					
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000					

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

<b>Effective on 12/08/2004.</b> <b>Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		<b>Complete if Known</b>	
		Application Number	10/538,277-Conf. #9420
		Filing Date	June 10, 2005
		First Named Inventor	Claudia Angelica SOTO PEREDO
		Examiner Name	Z. Vakili
		Art Unit	1614
TOTAL AMOUNT OF PAYMENT		(\$ 1,420.00)	
		Attorney Docket No.	
		2585-0126PUS1	

<b>METHOD OF PAYMENT</b> (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 02-2448		Deposit Account Name: Birch, Stewart, Kolach & Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments			

<b>FEES CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fees Paid (\$)</b>
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
						<b>Small Entity</b>	
						<b>Fee (\$)</b>	<b>Fee (\$)</b>
Fee Description						50	25
Each claim over 20 (including Reissues)						210	105
Each independent claim over 3 (including Reissues)						370	185
Multiple dependent claims							
						<b>Multiple Dependent Claims</b>	
						<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				
27	- 28 = 0	x 50.00	= 0.00				
HP = highest number of total claims paid for, if greater than 20.						370.00	370.00
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				
2	- 3 = 0	x 210.00	= 0.00				
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
- 100 =	/50 =	(round up to a whole number) x		=			
						<b>Fees Paid (\$)</b>	
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1253 Extension for response within third month						1,050.00	

Signature		Registration No. (Attorney/Agent)	40,069	Telephone	(703) 205-8000
Name (Print/Type)	MaryAnne Armstrong, Ph.D.			Date	December 18, 2007